

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)						SERIAL NO. 107089550	FILING DATE 28 OCT 2002						
						APPLICANT(S)							
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/				51						
2			/				52						
3			/				53						
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47							97						
48							98						
49							99						
50							100						
TOTAL IND.			/				TOTAL IND.						
TOTAL DEP.			10				TOTAL DEP.						
TOTAL CLAIMS			11				TOTAL CLAIMS						